ALASKA CORPORATION NET INCOME TAX RETURN

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2000					
DEPARTMENT USE ONLY					
FSN.SEQ ENVELOPE #					

04-	61	1	S	F

Form 04-611SF (Revised 1/06)

FORM		SHORT FORM				DEPARTMENT USE ONLY			
							FSN.SEQ		ENVELOPE #
04-611SF	For the calendar year 2	2005 or the	taxable year beginning		, 20	05			1 1
	and ending ending						L		
E				1	NAIGO				
Federal EIN			Alaska Corporation File #		NAICS Co	oae	Alaska Business	s License	#
Name							Telephone Numb	per	
Mailing Address							Fax Number		
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City			State		Zip Cod	е	E-Mail Address		
Contact Person			Title				Contact Telepho	ne Numbe	er
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Chaol, applicable	a hayaa		<u> </u>		DETLIDA	DATA			
Check applicable	e doxes:	YES	NO (Check Yes or No)		RETURN	DATA			
☐ Final Alaska r			☐ 1. Is a federal ext				ttach copy of Form		
	ress change since last year						e corporation? (S		
	ty Company (LLC) hization (see instructions)		3. Is this corporat this short Form				ted group? If yes,	you may	not use
☐ S-Corporation							vity (taxable nexus	s) outside	of Alaska?
	Association (Attach 1120H)						04-611SF. You mu		
	;	SCHEDUI	LE A-SF - NET INCOME	TAX S	SUMMAR	RY			
								DEI	PT USE ONLY
 Alaska income 	e (loss) from Schedule B-SF			1					
2. Alaska net op	erating loss deduction (attac	h schedule))	2				NL	
Alaska taxable	e income. Subtract line 2 fro	m line 1		3				TI	
				4				TX	
				5				ОТ	
	d credits from Schedule F, lir			6 ()	CR	
				7					
	· ·			8 ()	IC	
_	tion Credit (see instructions)			9 ()	EC	
				10				NT	
	· -			11				PT	
	-		t of tax due	12					
	-		mount overpaid	13					
-			708, line 18, see instructions)	14				UP	
				15				PF	
				16 17				PP IN	
			, or line 13 less lines 14-17					114	
				18 19				CF	
				20				RF	
o. Refulta (iiile 1	To reduced by line 13/			20				KF	
			ined this return, including accord		-			the	DEPT USE ONLY CFWD
-	=		d complete. Declaration of pre	parer (d	otner than	taxpaye	r) is based on all		CFWD
Officer's Signature	which preparer has any kno	wieuge.	Date	Title					REFUND
Sinoon 3 Oignature	•		Date	11110					KEI OND
>>> Preparer's Signatu	ure		Date	Chec	k if 🔲	Pren	arer's SSN or PTIN		APPROVED
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Firm's name (or				E.I. N	mployed lo.				
•	oyed)							⊢	DATE
and address				Zip C	ode				

Page 1

Dept Use Only Validation Number:

SCHEDULE B - SF - ALASKA INCOME (LOSS) Federal taxable income, Form 1120, line 28 or Form 1120A, line 24, as 1 actually filed Additions: (a) All taxes based on or measured by net income..... 2a 2b (b) Other (Attach schedule) (c) Total additions. Add 2(a) and 2(b) 2c Subtractions: (a) Interest from obligations of the United States За (b) Special deductions from Form 1120, Schedule C (c) Other (Attach schedule) 3d ((d) Total subtractions. Add 3(a) through 3(c) Alaska income (loss). Add lines 1, 2(c) and 3(d). Enter here and on Schedule A, line 1 **SCHEDULE C - SF** TAX RATE SCHEDULE (AS 43.20.011) If your Alaska taxable income is: **ESTIMATED TAX PAYMENT RECORD** (5) Of The **Estimated Payments** Date Amount (2) (1) **But Less** (3) (4) Amount (1) 04-711 At Least (2) Than Your Tax Is Plus Over 04-711 (3)04-711 -0-10,000 1% -0-10.000 20,000 100 2% 10,000 04-711 20,000 30,000 300 3% 20,000 30,000 30,000 Tentative Tax 04-709 40,000 600 4% 40,000 50,000 1,000 5% 40,000 50,000 60,000 50,000 Overpayment From Prior Year 1.500 6% 60,000 60.000 70.000 2.100 7% 70,000 70,000 80.000 2.800 8% Less: Quick Refund (Form 4466) 80.000 90,000 80,000 3,600 9% 90,000 or More 9.4% 90.000 Total Payments to Schedule A, Line 11 4,500 SCHEDULE D - SF - ALASKA TAX COMPUTATION В Alaska taxable income from Schedule A, line 3 2. Net capital gain, not to exceed line 1. If line 1 is a loss enter zero. (See instructions) Ordinary income. Subtract line 2 from line 1. If less than zero, enter zero.......... To compute the tax on ordinary income, apply the amount on line 3 to the Tax Rate Schedule. Tax from the Tax Rate Schedule Tax on net capital gains. Multiply line 2 by 4.5% Add lines 4 and 5..... Enter the lesser of line 6, column A or B here and on Schedule A, line 4 SCHEDULE E - SF - OTHER TAXES (AS 43.20.021) Α В x 18% 1b Alternative minimum tax from federal Form 4626 Credit for prior year minimum tax from Form 1120,

x 18% 2b Schedule J,..... x 18% 3b Other federal taxes (attach schedule)

Total other taxes. Add lines 1 through 4, enter here and on Schedule A, line 5

Successor to previously existing business

S-Corporation corporate level taxes (see instructions)

If this is the first return, indicate whether: New Business

Enter name, address and federal EIN of previous business:	

Form 04-611SF (Rev 01/06)